

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:25

DOCUMENT # 753673 (3)

1. Corporation Name

THE WESTLAND CONDOMINIUM ASSOC., INC.

Principal Place of Business Mailing Address
C/O J & M CONDO MANAGEMENT & MAINTENANCE
221 S. W. 22ND AVENUE, SUITE 200-B
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/07/1980	3a. Date of Last Report 02/28/1994
4. FEI Number 59-2299731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**WESTON, ALVAREZ, ATTORNEY
221 SW 22ND AVENUE, SUITE 200
9400 SOUTH DADELAND BLVD.,
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERAN, MARTA A	1.2 NAME	
STREET ADDRESS	1800 W. 54 ST., #219	1.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGALADO, ROBERTO	2.2 NAME	VICE-PRESIDENT
STREET ADDRESS	1800 W 54 ST., #219	2.3 STREET ADDRESS	CUESTA, ANDRES
CITY- ST- ZIP	HIALEAH FL	2.4 CITY- ST- ZIP	1800 W. 54 ST. APT#212 HIALEAH, FL. 33012
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAICEDO, BETTY	3.2 NAME	
STREET ADDRESS	1800 W. 54 ST., #314	3.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	3.4 CITY- ST- ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACIA, DOMICIANO, JR.	4.2 NAME	
STREET ADDRESS	1700 SW 29 AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCO, MARIO	5.2 NAME	DIRECTOR
STREET ADDRESS	1800 W 54 ST., #222	5.3 STREET ADDRESS	REGALADO, ROBERTO
CITY- ST- ZIP	HIALEAH FL	5.4 CITY- ST- ZIP	1800 W. 54 ST. APT#219 HIALEAH, FL. 33012
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELLA, ARMANDO	6.2 NAME	
STREET ADDRESS	1800 W. 54 ST., #119	6.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Armando Macia* 1-27-94 643-5711 444-1889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (IS OFFICER OR DIRECTOR)